

Fax To: Leslie Pfalzer 585-815-7697

**Management Referral Form
Royal Employer Services**



Date:

Company Name:

Supervisor making referral:

Phone #:

Employee Name:

Last 4 digits of SS #:

Reason for referral –**check one and provide detailed description:**

Absenteeism

Tardiness

Decline in work quality

Disruptive behavior

Failed urine test

Other – please be as detailed as possible:

To be completed by EAP Staff

Counselor:

Appointment:

Contacts:

File closed date:

Consent for release of confidential information Royal Employer Services



I, _____, authorize disclosure between Royal Employer Services and

_____, regarding the following information:
(name of person to which disclosure is made)

- Present status, appointment/attendance, perception of problem areas and possible recommendations
- Other specific disclosure _____

The purpose of disclosure authorized herein is to assist the employee and employer with terms of the referral.

I understand that any alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically six months from the last date of service.

Signature of participant

Date

Signature of parent, guardian or authorized representative when required